

1873

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS		
District of <u>1</u>	ORIGINAL CERTIFICATE OF BIRTH		
Town of <u>Mani</u>	State Index No. <u>185</u>		
or	County Registrar No. <u>332</u>		
City of _____	Local Registrar No. _____		
2. Full name of child <u>Mary Kathleen Rodriguez</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth _____		7. Date of birth <u>Aug 25-1923</u>	
8. FATHER		14. MOTHER	
Full name <u>Abalino Rodriguez</u>		Full maiden name <u>Lillian Mary Blaine</u>	
9. Residence (Usual place of abode) <u>Mani, Ariz.</u>		15. Residence (Usual place of abode) <u>Mani, Ariz.</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Spanish</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>29</u> (Years)
12. Birthplace (city or place) <u>Spain</u>	(State or country)	18. Birthplace (city or place) <u>Texas</u>	(State or country)
13. Occupation <u>Miner</u>	Nature of industry	19. Occupation <u>Housewife</u>	Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living <u>4</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2:00</u> m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Charles E. Davis M.D.</u>	
Address <u>Mani, Ariz.</u>		(Physician or midwife)	
Given name added from a supplemental report _____		Filed <u>Aug 31, 23</u> <u>P.E. Davis</u>	
Month, day, year. _____		Filed <u>9-1</u> <u>1923</u> <u>B.J. Davis</u>	
Registrar. _____		Local Registrar. _____	
		County Registrar. _____	

499-825-325